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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

C Name of organization  
SULPHUR SPRINGS VALLEY ELECTRIC COOPERATIVE INC  
Doing business as  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
350 N HASKELL  
City or town, state or province, country, and ZIP or foreign postal code  
WILLCOX, AZ 85643

D Employer identification number  
86-0059728

E Telephone number  
(520) 384-2221

F Name and address of principal officer:  
CREDEN HUBER  
350 N HASKELL  
WILLCOX, AZ 85643

G Gross receipts \$ 113,797,256

H(a) Is this a group return for subordinates?  
☐ Yes ☒ No  
H(b) Are all subordinates included?  
☐ Yes ☐ No  
If "No," attach a list. (see instructions)  
H(c) Group exemption number ▶

I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) ( 12 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.SSVEC.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1938

M State of legal domicile: AZ

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:  
TO PROVIDE QUALITY AND RELIABLE ELECTRIC SERVICE TO MEMBERS OF THE COOPERATIVE.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 10

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 4 10

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) . . . . . 5 200

6 Total number of volunteers (estimate if necessary) . . . . . 6 0

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . 7a 254,118

7b Net unrelated business taxable income from Form 990-T, line 39 . . . . . 7b 92,381

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . . 8 0

9 Program service revenue (Part VIII, line 2g) . . . . . 9 117,651,998

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . . 10 313,910

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . 11 1,028,208

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 12 118,994,116

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . . 13 203,172

14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 14 13,054,518

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . . 15 14,626,574

16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 16a 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . 17 90,621,247

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . 18 118,505,511

19 Revenue less expenses. Subtract line 18 from line 12 . . . . . 19 488,605

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . . 20 302,742,275

21 Total liabilities (Part X, line 26) . . . . . 21 170,877,929

22 Net assets or fund balances. Subtract line 21 from line 20 . . . . . 22 131,864,346

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

\*\*\*\*\*  
Signature of officer  
CREDEN HUBER CEO  
Type or print name and title

2020-10-20  
Date

Paid Preparer Use Only

Print/Type preparer's name  
Firm's name ▶ BOLINGER SEGARS GILBERT AND MOSS LLP  
Firm's address ▶ 8215 NASHVILLE AVENUE  
LUBBOCK, TX 79423

Preparer's signature  
Firm's EIN ▶ 75-0882037  
Phone no. (806) 747-3806

Date 2020-10-19  
Check ☒ if self-employed  
PTIN P00439459

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

SSVEC IS A COOPERATIVE DELIVERING SAFE AND RELIABLE ELECTRIC SERVICE, THROUGH PEOPLE WHO PROVIDE EXCEPTIONAL SUPPORT TO OUR MEMBER-OWNERS AND THE COMMUNITIES WE SERVE.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Additional Data

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
See Additional Data

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** ►

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                              | Yes            | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .                                                                                                                                                                         | <b>1</b>       | No |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .                                                                                                                                                                                                         | <b>2</b>       | No |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .                                                                                                                      | <b>3</b>       | No |
| <b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .                                                                                                              | <b>4</b>       |    |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .                                                                               | <b>5</b>       | No |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .                                                    | <b>6</b>       | No |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .                                                                                            | <b>7</b>       | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .                                                                                                                                                         | <b>8</b>       | No |
| <b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .             | <b>9</b>       | No |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V . . . . .                                                                                                     | <b>10</b>      | No |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.                                                                                                                                                                    |                |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .                                                                                                                                                                       | <b>11a</b> Yes |    |
| <b>b</b> Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .                                                                                                     | <b>11b</b>     | No |
| <b>c</b> Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .                                                                                                     | <b>11c</b> Yes |    |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .                                                                                                                      | <b>11d</b>     | No |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .                                                                                                                                                                                     | <b>11e</b> Yes |    |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .                                                            | <b>11f</b> Yes |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .                                                                                                                                                        | <b>12a</b>     | No |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .                                                                           | <b>12b</b>     | No |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .                                                                                                                                                                                                        | <b>13</b>      | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .                                                                                                                                                                                                             | <b>14a</b>     | No |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . | <b>14b</b>     | No |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .                                                                                                           | <b>15</b>      | No |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .                                                                                                     | <b>16</b>      | No |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .                                                                                            | <b>17</b>      | No |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .                                                                                                                           | <b>18</b>      | No |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .                                                                                                                                                     | <b>19</b>      | No |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .                                                                                                                                                                                                             | <b>20a</b>     | No |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .                                                                                                                                                                                              | <b>20b</b>     |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .                                                                                            | <b>21</b> Yes  |    |

**Part IV Checklist of Required Schedules** (continued)

|            |                                                                                                                                                                                                                                                                                                                                                                                             | Yes        | No  |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|
| <b>22</b>  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .                                                                                                                                                                                         | <b>22</b>  | No  |
| <b>23</b>  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .                                                                                                                              | <b>23</b>  | Yes |
| <b>24a</b> | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .                                                                                                    | <b>24a</b> | No  |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .                                                                                                                                                                                                                                                                                 | <b>24b</b> |     |
| <b>c</b>   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                                                                                        | <b>24c</b> |     |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .                                                                                                                                                                                                                                                                           | <b>24d</b> |     |
| <b>25a</b> | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .                                                                                                                                                                 | <b>25a</b> |     |
| <b>b</b>   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .                                                                                                               | <b>25b</b> |     |
| <b>26</b>  | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . . . . .                                                         | <b>26</b>  | No  |
| <b>27</b>  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . . | <b>27</b>  | No  |
| <b>28</b>  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):                                                                                                                                                                                               |            |     |
| <b>a</b>   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .                                                                                                                                                                                                                              | <b>28a</b> | No  |
| <b>b</b>   | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .                                                                                                                                                                                                                                                                                   | <b>28b</b> | No  |
| <b>c</b>   | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .                                                                                                                                                                                                                                     | <b>28c</b> | No  |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .                                                                                                                                                                                                                                                                          | <b>29</b>  | No  |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .                                                                                                                                                                                                          | <b>30</b>  | No  |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .                                                                                                                                                                                                                                                                | <b>31</b>  | No  |
| <b>32</b>  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .                                                                                                                                                                                                                                              | <b>32</b>  | No  |
| <b>33</b>  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .                                                                                                                                                                                              | <b>33</b>  | No  |
| <b>34</b>  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .                                                                                                                                                                                                                                          | <b>34</b>  | Yes |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                                     | <b>35a</b> | Yes |
| <b>b</b>   | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .                                                                                                                                                                 | <b>35b</b> | No  |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .                                                                                                                                                                                                   | <b>36</b>  |     |
| <b>37</b>  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .                                                                                                                                                     | <b>37</b>  | No  |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .                                                                                                                                                                                                | <b>38</b>  | Yes |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

|           |                                                                                                                                                                    | Yes       | No  |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>1a</b> | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .                                                                             | <b>1a</b> | 150 |
| <b>b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .                                                                          | <b>1b</b> | 0   |
| <b>c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | <b>1c</b> |     |

**Part V**      **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

Form **990** (2019)

**Part VI**

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

|           |                                                                                                                                                                                                                     | Yes | No  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                 | 10  |     |
|           | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.   |     |     |
| <b>b</b>  | Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                  | 10  |     |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?                                               | 2   | No  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3   | No  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                    | 4   | No  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                          | 5   | No  |
| <b>6</b>  | Did the organization have members or stockholders?                                                                                                                                                                  | 6   | Yes |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?                                                                  | 7a  | Yes |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                           | 7b  | Yes |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                   |     |     |
| <b>a</b>  | The governing body?                                                                                                                                                                                                 | 8a  | Yes |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?                                                                                                                                               | 8b  | No  |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O        | 9   | No  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |                                                                                                                                                                                                                                                                                              | Yes | No  |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                           | 10a | No  |
| <b>b</b>   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?                                                                   | 10b |     |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                  | 11a | Yes |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                                                                                                |     |     |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                      | 12a | Yes |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                          | 12b | Yes |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done                                                                                                                                           | 12c | Yes |
| <b>13</b>  | Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                    | 13  | Yes |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                               | 14  | Yes |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                                                         |     |     |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                       | 15a | Yes |
| <b>b</b>   | Other officers or key employees of the organization                                                                                                                                                                                                                                          | 15b | Yes |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).                                                                                                                                                                                                          |     |     |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                        | 16a | No  |
| <b>b</b>   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b |     |

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **AZ**

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
**▶RON LEE CFO 350 N HASKELL AVE WILLCOX, AZ 85643 (520) 384-2221**

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and title                                   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                         |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (1) CREDEN HUBER<br>.....<br>CEO                        | 48.00<br>.....                                                                             |                                                                                                           |                       | X       |              |                              |        | 474,815                                                              | 0                                                                         | 389,968                                                                                       |
| (2) JACK BLAIR<br>.....<br>MSO                          | 45.00<br>.....                                                                             |                                                                                                           |                       | X       |              |                              |        | 235,617                                                              | 0                                                                         | 81,635                                                                                        |
| (3) DANIEL WILSON<br>.....<br>DOE                       | 48.00<br>.....                                                                             |                                                                                                           |                       | X       |              |                              |        | 199,704                                                              | 0                                                                         | 70,685                                                                                        |
| (4) JASON BOWLING<br>.....<br>CAO                       | 50.00<br>.....                                                                             |                                                                                                           |                       | X       |              |                              |        | 194,199                                                              | 0                                                                         | 74,137                                                                                        |
| (5) ORSON GARNSEY<br>.....<br>CITO                      | 45.00<br>.....                                                                             |                                                                                                           |                       | X       |              |                              |        | 190,624                                                              | 0                                                                         | 57,711                                                                                        |
| (6) RON LEE<br>.....<br>CFO                             | 45.00<br>.....                                                                             |                                                                                                           |                       | X       |              |                              |        | 183,349                                                              | 0                                                                         | 57,801                                                                                        |
| (7) NATHAN HODGES<br>.....<br>COO                       | 45.00<br>.....                                                                             |                                                                                                           |                       | X       |              |                              |        | 185,950                                                              | 0                                                                         | 35,747                                                                                        |
| (8) RICHARD ELLIS<br>.....<br>JOURNEYMAN LINEMAN        | 50.00<br>.....                                                                             |                                                                                                           |                       |         |              | X                            |        | 150,397                                                              | 0                                                                         | 65,899                                                                                        |
| (9) TOREY BELL<br>.....<br>ENGINEER                     | 40.00<br>.....                                                                             |                                                                                                           |                       |         |              | X                            |        | 133,917                                                              | 0                                                                         | 80,815                                                                                        |
| (10) SAM FOSTER<br>.....<br>FOREMAN                     | 40.00<br>.....                                                                             |                                                                                                           |                       |         |              | X                            |        | 145,659                                                              | 0                                                                         | 65,980                                                                                        |
| (11) MANUEL GONZALES<br>.....<br>TECH SVC/FLEET MANAGER | 42.00<br>.....                                                                             |                                                                                                           |                       |         |              | X                            |        | 133,746                                                              | 0                                                                         | 56,883                                                                                        |
| (12) DAVID SCHMIDT<br>.....<br>JOURNEYMAN LINEMAN       | 40.00<br>.....                                                                             |                                                                                                           |                       |         |              | X                            |        | 144,506                                                              | 0                                                                         | 16,487                                                                                        |
| (13) CURTIS NOLAN<br>.....<br>TREASURER                 | 7.50<br>.....<br>1.00                                                                      | X                                                                                                         |                       | X       |              |                              |        | 36,149                                                               | 0                                                                         | 0                                                                                             |
| (14) DAN BARRERA<br>.....<br>PRESIDENT                  | 9.00<br>.....<br>1.00                                                                      | X                                                                                                         |                       | X       |              |                              |        | 31,948                                                               | 0                                                                         | 0                                                                                             |
| (15) JAMES JOHNSON<br>.....<br>DIRECTOR                 | 8.90<br>.....<br>1.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 31,868                                                               | 0                                                                         | 0                                                                                             |
| (16) JOSEPH BEAM<br>.....<br>DIRECTOR                   | 8.60<br>.....<br>1.00                                                                      | X                                                                                                         |                       |         |              |                              |        | 30,079                                                               | 0                                                                         | 0                                                                                             |
| (17) RANDY REDMOND<br>.....<br>DIRECTOR                 | 20.00<br>.....<br>1.00                                                                     | X                                                                                                         |                       |         |              |                              |        | 29,439                                                               | 0                                                                         | 0                                                                                             |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (18) DONALD GENE MANRING<br>VICE PRESIDENT                     | 7.60<br>1.00                                                                               | X                                                                                                         |                       | X       |              |                              |        | 26,260                                                               | 0                                                                         | 0                                                                                             |
| (19) KATHRYN THATCHER<br>DIRECTOR                              | 7.30<br>1.00                                                                               | X                                                                                                         |                       |         |              |                              |        | 25,556                                                               | 0                                                                         | 0                                                                                             |
| (20) PAT ENGLISH<br>DIRECTOR                                   | 5.10<br>1.00                                                                               | X                                                                                                         |                       |         |              |                              |        | 23,285                                                               | 0                                                                         | 0                                                                                             |
| (21) THOMAS GOODMAN<br>SECRETARY                               | 4.90<br>1.00                                                                               | X                                                                                                         |                       | X       |              |                              |        | 20,887                                                               | 0                                                                         | 0                                                                                             |
| (22) PETE GILLESPIE<br>DIRECTOR                                | 4.20<br>1.00                                                                               | X                                                                                                         |                       |         |              |                              |        | 17,415                                                               | 0                                                                         | 0                                                                                             |
| (23) GARY PAYNE<br>DIRECTOR (JAN-APR)                          | 8.00<br>1.00                                                                               | X                                                                                                         |                       |         |              |                              |        | 13,069                                                               | 0                                                                         | 0                                                                                             |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>1b Sub-Total</b>                                            |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                           |                       |         |              |                              |        | 2,658,438                                                            | 0                                                                         | 1,053,748                                                                                     |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **52**

|                                                                                                                                                                                                                                              | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                        |     | No |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | Yes |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | No |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address                                                 | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------------------------------------------------------|--------------------------------|---------------------|
| DESERT SPRINGS CONSTRUCTION & REMODELING<br>9828 E CANA ST<br>HEREFORD, AZ 85615 | CONSTRUCTION CONTRACTOR        | 505,979             |
| ASPLUNDH TREE EXPERT LLC<br>PO BOX 31001-2292<br>PASADENA, CA 91110              | ROW TREE TRIMMING              | 393,415             |
| QUAIL CONSTRUCTION LLC<br>7200 E 31ST PL<br>YUMA, AZ 85365                       | TRAFFIC CONTROL                | 201,182             |
| BANKERS TITLE SERVICES<br>3687 N CAMPBELL AVE<br>TUSCON, AZ 85719                | REGISTRATION SERVICES          | 127,200             |
| FENNEMORE CRAIG PC<br>2394 EAST CAMELBACK ROAD SUITE 600<br>PHOENIX, AZ 85016    | LEGAL CONSULTANT               | 107,347             |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **7**

|                                                                               |                                                                                                                                          |        |                |               |     |             |     |         |  |                                     |                                                    |                                         |                                                                    |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------|---------------|-----|-------------|-----|---------|--|-------------------------------------|----------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------|
| Form 990 (2019)                                                               |                                                                                                                                          |        |                |               |     |             |     |         |  | Page <b>9</b>                       |                                                    |                                         |                                                                    |
| Part VIII Statement of Revenue                                                |                                                                                                                                          |        |                |               |     |             |     |         |  |                                     |                                                    |                                         |                                                                    |
| Check if Schedule O contains a response or note to any line in this Part VIII |                                                                                                                                          |        |                |               |     |             |     |         |  | <input checked="" type="checkbox"/> |                                                    |                                         |                                                                    |
|                                                                               |                                                                                                                                          |        |                |               |     |             |     |         |  | (A)<br>Total revenue                | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |
| Contributions, Gifts, Grants<br>and Other Similar Amounts                     | 1a Federated campaigns . . .                                                                                                             |        | 1a             |               |     |             |     |         |  |                                     |                                                    |                                         |                                                                    |
|                                                                               | b Membership dues . . .                                                                                                                  |        | 1b             |               |     |             |     |         |  |                                     |                                                    |                                         |                                                                    |
|                                                                               | c Fundraising events . . .                                                                                                               |        | 1c             |               |     |             |     |         |  |                                     |                                                    |                                         |                                                                    |
|                                                                               | d Related organizations                                                                                                                  |        | 1d             |               |     |             |     |         |  |                                     |                                                    |                                         |                                                                    |
|                                                                               | e Government grants (contributions)                                                                                                      |        | 1e             |               |     |             |     |         |  |                                     |                                                    |                                         |                                                                    |
|                                                                               | f All other contributions, gifts, grants,<br>and similar amounts not included<br>above                                                   |        | 1f             |               |     |             |     |         |  |                                     |                                                    |                                         |                                                                    |
|                                                                               | g Noncash contributions included in<br>lines 1a - 1f:\$                                                                                  |        | 1g             |               |     |             |     |         |  |                                     |                                                    |                                         |                                                                    |
|                                                                               | h Total. Add lines 1a-1f . . . . .                                                                                                       |        | ▶              |               |     |             |     |         |  |                                     |                                                    |                                         |                                                                    |
| Program Service Revenue                                                       |                                                                                                                                          |        | Business Code  |               |     |             |     |         |  |                                     |                                                    |                                         |                                                                    |
|                                                                               | 2a SALES OF ELECTRICITY                                                                                                                  |        | 221000         | 106,107,963   |     | 106,107,963 |     |         |  |                                     |                                                    |                                         |                                                                    |
|                                                                               | b PATRONAGE DIVIDENDS                                                                                                                    |        | 221000         | 3,226,260     |     | 3,226,260   |     |         |  |                                     |                                                    |                                         |                                                                    |
|                                                                               | c DISTRIBUTION SERVICES                                                                                                                  |        | 221000         | 2,228,218     |     | 2,228,218   |     |         |  |                                     |                                                    |                                         |                                                                    |
|                                                                               | d SERVICE FEES                                                                                                                           |        | 221000         | 769,314       |     | 769,314     |     |         |  |                                     |                                                    |                                         |                                                                    |
|                                                                               | e                                                                                                                                        |        |                |               |     |             |     |         |  |                                     |                                                    |                                         |                                                                    |
|                                                                               | f All other program service revenue.                                                                                                     |        |                |               |     |             |     |         |  |                                     |                                                    |                                         |                                                                    |
|                                                                               | g Total. Add lines 2a-2f. . . . .                                                                                                        |        | 112,331,755    |               |     |             |     |         |  |                                     |                                                    |                                         |                                                                    |
| Other Revenue                                                                 | 3 Investment income (including dividends, interest, and other<br>similar amounts) . . . . .                                              |        |                | ▶             |     | 497,958     |     |         |  | 497,958                             |                                                    |                                         |                                                                    |
|                                                                               | 4 Income from investment of tax-exempt bond proceeds                                                                                     |        |                | ▶             |     |             |     |         |  |                                     |                                                    |                                         |                                                                    |
|                                                                               | 5 Royalties . . . . .                                                                                                                    |        |                | ▶             |     | 2,099       |     |         |  | 2,099                               |                                                    |                                         |                                                                    |
|                                                                               |                                                                                                                                          |        | (i) Real       | (ii) Personal |     |             |     |         |  |                                     |                                                    |                                         |                                                                    |
|                                                                               | 6a Gross rents                                                                                                                           |        | 6a             | 7,265         |     |             |     |         |  |                                     |                                                    |                                         |                                                                    |
|                                                                               | b Less: rental<br>expenses                                                                                                               |        | 6b             | 0             |     |             |     |         |  |                                     |                                                    |                                         |                                                                    |
|                                                                               | c Rental income<br>or (loss)                                                                                                             |        | 6c             | 7,265         |     |             |     |         |  |                                     |                                                    |                                         |                                                                    |
|                                                                               | d Net rental income or (loss) . . . . .                                                                                                  |        |                | ▶             |     | 7,265       |     |         |  | 7,265                               |                                                    |                                         |                                                                    |
|                                                                               |                                                                                                                                          |        | (i) Securities | (ii) Other    |     |             |     |         |  |                                     |                                                    |                                         |                                                                    |
|                                                                               | 7a Gross amount<br>from sales of<br>assets other<br>than inventory                                                                       |        | 7a             |               |     |             |     |         |  |                                     |                                                    |                                         |                                                                    |
|                                                                               | b Less: cost or<br>other basis and<br>sales expenses                                                                                     |        | 7b             |               |     |             |     |         |  |                                     |                                                    |                                         |                                                                    |
|                                                                               | c Gain or (loss)                                                                                                                         |        | 7c             |               |     |             |     |         |  |                                     |                                                    |                                         |                                                                    |
|                                                                               | d Net gain or (loss) . . . . .                                                                                                           |        |                | ▶             |     |             |     |         |  |                                     |                                                    |                                         |                                                                    |
|                                                                               | 8a Gross income from fundraising events<br>(not including \$ of<br>contributions reported on line 1c).<br>See Part IV, line 18 . . . . . |        | 8a             |               |     |             |     |         |  |                                     |                                                    |                                         |                                                                    |
|                                                                               | b Less: direct expenses . . . . .                                                                                                        |        | 8b             |               |     |             |     |         |  |                                     |                                                    |                                         |                                                                    |
|                                                                               | c Net income or (loss) from fundraising events . . . . .                                                                                 |        |                | ▶             |     |             |     |         |  |                                     |                                                    |                                         |                                                                    |
|                                                                               | 9a Gross income from gaming activities.<br>See Part IV, line 19 . . . . .                                                                |        | 9a             |               |     |             |     |         |  |                                     |                                                    |                                         |                                                                    |
|                                                                               | b Less: direct expenses . . . . .                                                                                                        |        | 9b             |               |     |             |     |         |  |                                     |                                                    |                                         |                                                                    |
|                                                                               | c Net income or (loss) from gaming activities . . . . .                                                                                  |        |                | ▶             |     |             |     |         |  |                                     |                                                    |                                         |                                                                    |
|                                                                               | 10aGross sales of inventory, less<br>returns and allowances . . .                                                                        |        | 10a            | 2,368         |     |             |     |         |  |                                     |                                                    |                                         |                                                                    |
| b Less: cost of goods sold . . .                                              |                                                                                                                                          | 10b    | 2,069          |               |     |             |     |         |  |                                     |                                                    |                                         |                                                                    |
| c Net income or (loss) from sales of inventory . . . . .                      |                                                                                                                                          |        | ▶              |               | 299 |             | 299 |         |  |                                     |                                                    |                                         |                                                                    |
| Miscellaneous Revenue                                                         |                                                                                                                                          |        | Business Code  |               |     |             |     |         |  |                                     |                                                    |                                         |                                                                    |
| 11aPOLE ATTACHMENT INCOME                                                     |                                                                                                                                          | 221000 |                | 701,992       |     |             |     | 701,992 |  |                                     |                                                    |                                         |                                                                    |
| b INTERNET COMMISSIONS                                                        |                                                                                                                                          | 517000 |                | 252,795       |     |             |     | 252,795 |  |                                     |                                                    |                                         |                                                                    |
| c OUTSIDE SERVICES                                                            |                                                                                                                                          | 811000 |                | 1,024         |     |             |     | 1,024   |  |                                     |                                                    |                                         |                                                                    |
| d All other revenue . . . . .                                                 |                                                                                                                                          |        |                |               |     |             |     |         |  |                                     |                                                    |                                         |                                                                    |
| e Total. Add lines 11a-11d . . . . .                                          |                                                                                                                                          | ▶      |                | 955,811       |     |             |     |         |  |                                     |                                                    |                                         |                                                                    |
| 12 Total revenue. See instructions . . . . .                                  |                                                                                                                                          | ▶      |                | 113,795,187   |     | 112,331,755 |     | 254,118 |  | 1,209,314                           |                                                    |                                         |                                                                    |

Form 990 (2019)

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|                                                                                                                                                                                                                                                      | (A)<br>Total expenses | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------|-------------------------------------------|--------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .                                                                                                                              | 216,329               |                                    |                                           |                                |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .                                                                                                                                                         |                       |                                    |                                           |                                |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .                                                                                                   |                       |                                    |                                           |                                |
| <b>4</b> Benefits paid to or for members . . . . .                                                                                                                                                                                                   | 13,807,457            |                                    |                                           |                                |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                                          | 2,717,897             |                                    |                                           |                                |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .                                                                                     |                       |                                    |                                           |                                |
| <b>7</b> Other salaries and wages . . . . .                                                                                                                                                                                                          | 8,160,939             |                                    |                                           |                                |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .                                                                                                                               | 1,850,637             |                                    |                                           |                                |
| <b>9</b> Other employee benefits . . . . .                                                                                                                                                                                                           | 886,223               |                                    |                                           |                                |
| <b>10</b> Payroll taxes . . . . .                                                                                                                                                                                                                    | 599,745               |                                    |                                           |                                |
| <b>11</b> Fees for services (non-employees):                                                                                                                                                                                                         |                       |                                    |                                           |                                |
| <b>a</b> Management . . . . .                                                                                                                                                                                                                        |                       |                                    |                                           |                                |
| <b>b</b> Legal . . . . .                                                                                                                                                                                                                             |                       |                                    |                                           |                                |
| <b>c</b> Accounting . . . . .                                                                                                                                                                                                                        |                       |                                    |                                           |                                |
| <b>d</b> Lobbying . . . . .                                                                                                                                                                                                                          |                       |                                    |                                           |                                |
| <b>e</b> Professional fundraising services. See Part IV, line 17                                                                                                                                                                                     |                       |                                    |                                           |                                |
| <b>f</b> Investment management fees . . . . .                                                                                                                                                                                                        |                       |                                    |                                           |                                |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)                                                                                                                                  |                       |                                    |                                           |                                |
| <b>12</b> Advertising and promotion . . . . .                                                                                                                                                                                                        |                       |                                    |                                           |                                |
| <b>13</b> Office expenses . . . . .                                                                                                                                                                                                                  |                       |                                    |                                           |                                |
| <b>14</b> Information technology . . . . .                                                                                                                                                                                                           |                       |                                    |                                           |                                |
| <b>15</b> Royalties . . . . .                                                                                                                                                                                                                        |                       |                                    |                                           |                                |
| <b>16</b> Occupancy . . . . .                                                                                                                                                                                                                        |                       |                                    |                                           |                                |
| <b>17</b> Travel . . . . .                                                                                                                                                                                                                           |                       |                                    |                                           |                                |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                                   |                       |                                    |                                           |                                |
| <b>19</b> Conferences, conventions, and meetings . . . . .                                                                                                                                                                                           |                       |                                    |                                           |                                |
| <b>20</b> Interest . . . . .                                                                                                                                                                                                                         | 5,308,041             |                                    |                                           |                                |
| <b>21</b> Payments to affiliates . . . . .                                                                                                                                                                                                           |                       |                                    |                                           |                                |
| <b>22</b> Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                        | 12,471,737            |                                    |                                           |                                |
| <b>23</b> Insurance . . . . .                                                                                                                                                                                                                        |                       |                                    |                                           |                                |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                          |                       |                                    |                                           |                                |
| <b>a</b> PURCHASED POWER                                                                                                                                                                                                                             | 56,000,668            |                                    |                                           |                                |
| <b>b</b> DISTRIBUTION EXPENSE                                                                                                                                                                                                                        | 5,941,645             |                                    |                                           |                                |
| <b>c</b> ADMIN & GENERAL EXPENSE                                                                                                                                                                                                                     | 2,425,163             |                                    |                                           |                                |
| <b>d</b> UNRELATED BUS. INC. TAX                                                                                                                                                                                                                     | 8,680                 |                                    |                                           |                                |
| <b>e</b> All other expenses                                                                                                                                                                                                                          | 2,725,456             |                                    |                                           |                                |
| <b>25</b> Total functional expenses. Add lines 1 through 24e                                                                                                                                                                                         | 113,120,617           |                                    |                                           |                                |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.<br>Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                    |                                           |                                |

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

|                                    |                                                                                                                                        |                                                                                                                                                                                                                      |             | (A)<br>Beginning of year |             | (B)<br>End of year |             |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------|-------------|--------------------|-------------|
| <b>Assets</b>                      | <b>1</b>                                                                                                                               | Cash—non-interest-bearing . . . . .                                                                                                                                                                                  |             | 4,572,845                | <b>1</b>    | 5,032,771          |             |
|                                    | <b>2</b>                                                                                                                               | Savings and temporary cash investments . . . . .                                                                                                                                                                     |             | 9,093,527                | <b>2</b>    | 17,440,287         |             |
|                                    | <b>3</b>                                                                                                                               | Pledges and grants receivable, net . . . . .                                                                                                                                                                         |             |                          | <b>3</b>    |                    |             |
|                                    | <b>4</b>                                                                                                                               | Accounts receivable, net . . . . .                                                                                                                                                                                   |             | 5,469,066                | <b>4</b>    | 3,800,556          |             |
|                                    | <b>5</b>                                                                                                                               | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . |             |                          | <b>5</b>    |                    |             |
|                                    | <b>6</b>                                                                                                                               | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .                                                          |             |                          | <b>6</b>    |                    |             |
|                                    | <b>7</b>                                                                                                                               | Notes and loans receivable, net . . . . .                                                                                                                                                                            |             | 60,407                   | <b>7</b>    | 61,214             |             |
|                                    | <b>8</b>                                                                                                                               | Inventories for sale or use . . . . .                                                                                                                                                                                |             | 2,301,600                | <b>8</b>    | 2,061,477          |             |
|                                    | <b>9</b>                                                                                                                               | Prepaid expenses and deferred charges . . . . .                                                                                                                                                                      |             | 1,127,470                | <b>9</b>    | 1,430,279          |             |
|                                    | <b>10a</b>                                                                                                                             | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D                                                                                                                                  | <b>10a</b>  | 389,500,345              |             |                    |             |
|                                    | <b>b</b>                                                                                                                               | Less: accumulated depreciation                                                                                                                                                                                       | <b>10b</b>  | 169,882,246              | 214,796,595 | <b>10c</b>         | 219,618,099 |
|                                    | <b>11</b>                                                                                                                              | Investments—publicly traded securities . . . . .                                                                                                                                                                     |             |                          | <b>11</b>   |                    |             |
|                                    | <b>12</b>                                                                                                                              | Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                         |             |                          | <b>12</b>   |                    |             |
|                                    | <b>13</b>                                                                                                                              | Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                          |             | 59,051,391               | <b>13</b>   | 61,484,128         |             |
|                                    | <b>14</b>                                                                                                                              | Intangible assets . . . . .                                                                                                                                                                                          |             |                          | <b>14</b>   |                    |             |
|                                    | <b>15</b>                                                                                                                              | Other assets. See Part IV, line 11 . . . . .                                                                                                                                                                         |             | 6,269,374                | <b>15</b>   | 5,410,986          |             |
| <b>16</b>                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .                                                             |                                                                                                                                                                                                                      | 302,742,275 | <b>16</b>                | 316,339,797 |                    |             |
| <b>Liabilities</b>                 | <b>17</b>                                                                                                                              | Accounts payable and accrued expenses . . . . .                                                                                                                                                                      |             | 9,784,863                | <b>17</b>   | 8,664,544          |             |
|                                    | <b>18</b>                                                                                                                              | Grants payable . . . . .                                                                                                                                                                                             |             |                          | <b>18</b>   |                    |             |
|                                    | <b>19</b>                                                                                                                              | Deferred revenue . . . . .                                                                                                                                                                                           |             |                          | <b>19</b>   |                    |             |
|                                    | <b>20</b>                                                                                                                              | Tax-exempt bond liabilities . . . . .                                                                                                                                                                                |             |                          | <b>20</b>   |                    |             |
|                                    | <b>21</b>                                                                                                                              | Escrow or custodial account liability. Complete Part IV of Schedule D                                                                                                                                                |             |                          | <b>21</b>   |                    |             |
|                                    | <b>22</b>                                                                                                                              | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . |             |                          | <b>22</b>   |                    |             |
|                                    | <b>23</b>                                                                                                                              | Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                             |             | 145,690,077              | <b>23</b>   | 138,879,861        |             |
|                                    | <b>24</b>                                                                                                                              | Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                               |             |                          | <b>24</b>   |                    |             |
|                                    | <b>25</b>                                                                                                                              | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D                                              |             | 15,402,989               | <b>25</b>   | 25,307,244         |             |
|                                    | <b>26</b>                                                                                                                              | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                                                          |             | 170,877,929              | <b>26</b>   | 172,851,649        |             |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>              |                                                                                                                                                                                                                      |             |                          |             |                    |             |
|                                    | <b>27</b>                                                                                                                              | Net assets without donor restrictions . . . . .                                                                                                                                                                      |             |                          | <b>27</b>   |                    |             |
|                                    | <b>28</b>                                                                                                                              | Net assets with donor restrictions . . . . .                                                                                                                                                                         |             |                          | <b>28</b>   |                    |             |
|                                    | <b>Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.</b> |                                                                                                                                                                                                                      |             |                          |             |                    |             |
|                                    | <b>29</b>                                                                                                                              | Capital stock or trust principal, or current funds . . . . .                                                                                                                                                         |             | 199,490                  | <b>29</b>   | 201,270            |             |
|                                    | <b>30</b>                                                                                                                              | Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                                                            |             | 0                        | <b>30</b>   | 0                  |             |
|                                    | <b>31</b>                                                                                                                              | Retained earnings, endowment, accumulated income, or other funds                                                                                                                                                     |             | 131,664,856              | <b>31</b>   | 143,286,878        |             |
| <b>32</b>                          | <b>Total net assets or fund balances</b> . . . . .                                                                                     |                                                                                                                                                                                                                      | 131,864,346 | <b>32</b>                | 143,488,148 |                    |             |
| <b>33</b>                          | <b>Total liabilities and net assets/fund balances</b> . . . . .                                                                        |                                                                                                                                                                                                                      | 302,742,275 | <b>33</b>                | 316,339,797 |                    |             |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

|           |                                                                                                                |           |             |
|-----------|----------------------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | <b>1</b>  | 113,795,187 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                       | <b>2</b>  | 113,120,617 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1                                                             | <b>3</b>  | 674,570     |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 131,864,346 |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                   | <b>5</b>  |             |
| <b>6</b>  | Donated services and use of facilities                                                                         | <b>6</b>  |             |
| <b>7</b>  | Investment expenses                                                                                            | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments                                                                                       | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)                                           | <b>9</b>  | 10,949,232  |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 143,488,148 |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

|                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.                                                                                                                                        |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                            |     | No |
| <b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.                                                                     |     |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?                                                                                                                                                                                                                                                                  |     | No |
| <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.                                                                                                                                                                                                      |     |    |

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 86-0059728

**Name:** SULPHUR SPRINGS VALLEY ELECTRIC  
COOPERATIVE INC

Form 990 (2019)

**Form 990, Part III, Line 4a:**

PROVIDING ELECTRIC ENERGY TO OUR MEMBERS ON A COOPERATIVE BASIS THROUGH THE ALLOCATION OF PATRONAGE CAPITAL. THERE WERE 52,612 ACTIVE SERVICES AT YEAR END.

**Form 990, Part III, Line 4b:**

ELECTRIC DISTRIBUTION SERVICES (THE DELIVERY, BUT NOT THE SALE OF ELECTRICITY, TO A CUSTOMER OVER LINES OWNED, OPERATED AND MAINTAINED BY THE COOPERATIVE) WERE PROVIDED TO THE CLASS B MEMBERSHIP ON A COOPERATIVE BASIS.

---

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
SULPHUR SPRINGS VALLEY ELECTRIC  
COOPERATIVE INC

Employer identification number  
86-0059728

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|                                                     | (a) Donor advised funds | (b) Funds and other accounts |
|-----------------------------------------------------|-------------------------|------------------------------|
| 1 Total number at end of year . . . . .             |                         |                              |
| 2 Aggregate value of contributions to (during year) |                         |                              |
| 3 Aggregate value of grants from (during year)      |                         |                              |
| 4 Aggregate value at end of year . . . . .          |                         |                              |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .

☐ Yes ☐ No

Part II Conservation Easements.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|                                                                                                                                                      | Held at the End of the Year |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| a Total number of conservation easements . . . . .                                                                                                   | 2a                          |
| b Total acreage restricted by conservation easements . . . . .                                                                                       | 2b                          |
| c Number of conservation easements on a certified historic structure included in (a) . . . . .                                                       | 2c                          |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . . | 2d                          |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$

(ii) Assets included in Form 990, Part X . . . . . ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$

b Assets included in Form 990, Part X . . . . . ► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other .....

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|                                                            | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|------------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| b Contributions . . . . .                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses               |                  |                |                    |                      |                     |
| d Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| f Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| g End of year balance . . . . .                            |                  |                |                    |                      |                     |

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a

Board designated or quasi-endowment ▶ .....

b

Permanent endowment ▶ .....

c

Temporarily restricted endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property                                                                                   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land . . . . .                                                                                         |                                      | 2,413,207                       |                              | 2,413,207      |
| b Buildings . . . . .                                                                                     |                                      | 14,639,116                      | 5,559,291                    | 9,079,825      |
| c Leasehold improvements                                                                                  |                                      |                                 |                              |                |
| d Equipment . . . . .                                                                                     |                                      | 361,862,455                     | 164,322,955                  | 197,539,500    |
| e Other . . . . .                                                                                         |                                      | 10,585,567                      |                              | 10,585,567     |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ |                                      |                                 |                              | 219,618,099    |

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|-------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1) Financial derivatives . . . . .                                     |                |                                                              |
| (2) Closely-held equity interests . . . . .                             |                |                                                              |
| (3) Other _____                                                         |                |                                                              |
| (A)                                                                     |                |                                                              |
| (B)                                                                     |                |                                                              |
| (C)                                                                     |                |                                                              |
| (D)                                                                     |                |                                                              |
| (E)                                                                     |                |                                                              |
| (F)                                                                     |                |                                                              |
| (G)                                                                     |                |                                                              |
| (H)                                                                     |                |                                                              |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶    |                |                                                              |

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment                                       | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| See Additional Data Table                                           |                |                                                              |
| (1)                                                                 |                |                                                              |
| (2)                                                                 |                |                                                              |
| (3)                                                                 |                |                                                              |
| (4)                                                                 |                |                                                              |
| (5)                                                                 |                |                                                              |
| (6)                                                                 |                |                                                              |
| (7)                                                                 |                |                                                              |
| (8)                                                                 |                |                                                              |
| (9)                                                                 |                |                                                              |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶ | 61,484,128     |                                                              |

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description                                                               | (b) Book value |
|-------------------------------------------------------------------------------|----------------|
| (1)                                                                           |                |
| (2)                                                                           |                |
| (3)                                                                           |                |
| (4)                                                                           |                |
| (5)                                                                           |                |
| (6)                                                                           |                |
| (7)                                                                           |                |
| (8)                                                                           |                |
| (9)                                                                           |                |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . . ▶ |                |

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| (a) Description of liability                                        | (b) Book value |
|---------------------------------------------------------------------|----------------|
| 1. Federal income taxes                                             |                |
| (6)                                                                 |                |
| (7)                                                                 |                |
| (8)                                                                 |                |
| (9)                                                                 |                |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶ | 25,307,244     |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2019

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |                                                                                                          |           |           |  |
|----------|----------------------------------------------------------------------------------------------------------|-----------|-----------|--|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       |           | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |           |  |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .                                                   | <b>2a</b> |           |  |
| <b>b</b> | Donated services and use of facilities . . . . .                                                         | <b>2b</b> |           |  |
| <b>c</b> | Recoveries of prior year grants . . . . .                                                                | <b>2c</b> |           |  |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .                                                                 | <b>2d</b> |           |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                          |           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                     |           | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :                             |           |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |           |  |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .                                                                 | <b>4b</b> |           |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                              |           | <b>4c</b> |  |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . |           | <b>5</b>  |  |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |                                                                                                           |           |           |  |
|----------|-----------------------------------------------------------------------------------------------------------|-----------|-----------|--|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      |           | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                         |           |           |  |
| <b>a</b> | Donated services and use of facilities . . . . .                                                          | <b>2a</b> |           |  |
| <b>b</b> | Prior year adjustments . . . . .                                                                          | <b>2b</b> |           |  |
| <b>c</b> | Other losses . . . . .                                                                                    | <b>2c</b> |           |  |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .                                                                  | <b>2d</b> |           |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                           |           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                      |           | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                                |           |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |           |  |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .                                                                  | <b>4b</b> |           |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                               |           | <b>4c</b> |  |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . |           | <b>5</b>  |  |

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference          | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |

**Part XIII** Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
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|                  |             |

Additional Data

Software ID:  
Software Version:  
EIN: 86-0059728  
Name: SULPHUR SPRINGS VALLEY ELECTRIC  
COOPERATIVE INC

Form 990, Schedule D, Part VIII - Investments Program Related

| (a) Description of investment               | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---------------------------------------------|----------------|--------------------------------------------------------------|
| (1)PATRONAGE CAPITAL - AEPCO                | 51,927,518     | C                                                            |
| (2)PATRONAGE CAPITAL - CFC                  | 2,817,522      | C                                                            |
| (3)PATRONAGE CAPITAL - NISC                 | 97,616         | C                                                            |
| (4)PATRONAGE CAPITAL - NRTC                 | 29,067         | C                                                            |
| (5)PATRONAGE CAPITAL - FEDERATED            | 661,498        | C                                                            |
| (6)PATRONAGE CAPITAL - CRC                  | 29,953         | C                                                            |
| (7)COBANK EQUITY INVESTMENT                 | 1,892,264      | C                                                            |
| (8)ASSOCIATED ORGANIZATIONS - GENERAL FUNDS | 1,010          | C                                                            |
| (9)ASSOCIATED ORGANIZATIONS - GCSECA BLDG   | 160,626        | C                                                            |
| (10)CAPITAL TERM CERTIFICATES-CFC           | 2,493,330      | C                                                            |
| (11)DEFERRED COMPENSATION FUNDS             | 1,373,724      | F                                                            |

Supplemental Information

| Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART X, LINE 2:  | THE COOPERATIVE HAS ADOPTED THE "UNCERTAIN TAX POSITIONS" PROVISIONS OF ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA. THE PRIMARY TAX POSITION OF THE COOPERATIVE IS ITS FILING STATUS AS A TAX EXEMPT ENTITY. THE COOPERATIVE DETERMINED THAT IT IS MORE LIKELY THAN NOT THAT ITS TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE, OR OTHER STATE TAXING AUTHORITY AND THAT ALL TAX BENEFITS ARE LIKELY TO BE REALIZED UPON SETTLEMENT WITH TAXING AUTHORITIES. |

| Supplemental Information |                                                                                                                                                                                                                                                               |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Return Reference         | Explanation                                                                                                                                                                                                                                                   |
| PART IX:                 | THE AMOUNT OF OTHER ASSETS ON FORM 990, PAGE 11, PART X, LINE 15 DOES NOT EQUAL OR EXCEED 5% OF THE TOTAL ASSETS ON FORM 990, PAGE 11, PART X, LINE 16, COLUMN B. CONSEQUENTLY, IN ACCORDANCE WITH IRS INSTRUCTIONS, SCHEDULE D, PART IX HAS BEEN LEFT BLANK. |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States  
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
SULPHUR SPRINGS VALLEY ELECTRIC  
COOPERATIVE INC

Employer identification number

86-0059728

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☒ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------|---------|---------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
| (1) See Additional Data                            |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (2)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (3)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (4)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (5)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (6)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (7)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (8)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (9)                                                |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (10)                                               |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (11)                                               |         |                                 |                          |                                   |                                                       |                                       |                                    |
| (12)                                               |         |                                 |                          |                                   |                                                       |                                       |                                    |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 2
- 3 Enter total number of other organizations listed in the line 1 table . . . . . 2

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|
| (1)                             |                          |                          |                                  |                                                       |                                       |
| (2)                             |                          |                          |                                  |                                                       |                                       |
| (3)                             |                          |                          |                                  |                                                       |                                       |
| (4)                             |                          |                          |                                  |                                                       |                                       |
| (5)                             |                          |                          |                                  |                                                       |                                       |
| (6)                             |                          |                          |                                  |                                                       |                                       |
| (7)                             |                          |                          |                                  |                                                       |                                       |

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

| Return Reference | Explanation                                                                                                                                                                                                                                                   |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART II:         | ALL GRANTS, SPONSORSHIPS, AND/OR DONATIONS ARE MADE TO NON-PROFIT AND CIVIC ORGANIZATIONS THAT ARE LOCATED IN THE COOPERATIVE'S SERVICE AREA. ALL GRANTS, SPONSORSHIPS, AND/OR DONATIONS ARE INTENDED TO IMPROVE THE COMMUNITIES IN WHICH OUR MEMBERS RESIDE. |

Additional Data

Software ID:  
Software Version:  
EIN: 86-0059728  
Name: SULPHUR SPRINGS VALLEY ELECTRIC  
COOPERATIVE INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government                                       | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| COCHISE EDUCATION FOUNDATION<br>PO BOX DRAWER 493<br>BISBEE, AZ 85603                    | 26-3735497 | 501(C)(3)                     | 5,350                    |                                   |                                                       |                                        | TEACHER OF THE YEAR DONATION       |
| BOYS AND GIRLS CLUB OF SIERRA VISTA INC<br>1746 PASEO SAN LUIS<br>SIERRA VISTA, AZ 85636 | 86-0801728 | 501(C)(3)                     | 11,500                   |                                   |                                                       |                                        | ANNUAL DONATION;<br>KARS FOR KIDS  |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |                                                       |                                        |                                                                        |
|----------------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------|
| (a) Name and address of organization or government                                                             | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                                     |
| SIERRA VISTA AREA CHAMBER OF COMMERCE<br>21 E WILCOX DR<br>SIERRA VISTA, AZ 85635                              | 74-2586694 | 501(C)(6)                     | 7,650                    |                                   |                                                       |                                        | ANNUAL DONATION                                                        |
| TUCSON CONQUISTADORES CLASSIC<br>6450 E BROADWAY BLVD<br>TUCSON, AZ 85710                                      | 20-2132844 | 501(C)(6)                     | 7,000                    |                                   |                                                       |                                        | THE FIRST TEE OF TUCSON AND SOUTHERN ARIZONA'S YOUTH ALTHETIC PROGRAMS |

|                                                                             |                                                                                                                                                                                                                                                                                                                           |                                              |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Schedule J<br>(Form 990)                                                    | Compensation Information                                                                                                                                                                                                                                                                                                  | OMB No. 1545-0047                            |
|                                                                             |                                                                                                                                                                                                                                                                                                                           | 2019                                         |
|                                                                             |                                                                                                                                                                                                                                                                                                                           |                                              |
| Department of the Treasury<br>Internal Revenue Service                      | For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees<br>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.<br>▶ Attach to Form 990.<br>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information. |                                              |
| Name of the organization<br>SULPHUR SPRINGS VALLEY ELECTRIC COOPERATIVE INC |                                                                                                                                                                                                                                                                                                                           | Employer identification number<br>86-0059728 |

| Part I | Questions Regarding Compensation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    | Yes | No |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| 1a     | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.                                                                                                                                                                                                                                                                                                                                                                                                    |    |     |    |
|        | <div><input type="checkbox"/> First-class or charter travel</div> <div><input type="checkbox"/> Travel for companions</div> <div><input type="checkbox"/> Tax idemnification and gross-up payments</div> <div><input type="checkbox"/> Discretionary spending account</div> <div><input type="checkbox"/> Housing allowance or residence for personal use</div> <div><input type="checkbox"/> Payments for business use of personal residence</div> <div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div> <div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div> |    |     |    |
| b      | If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain                                                                                                                                                                                                                                                                                                                                                                                                               | 1b | Yes |    |
| 2      | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?                                                                                                                                                                                                                                                                                                                                                                                                                   | 2  | Yes |    |
| 3      | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.                                                                                                                                                                                                                                                                                                          |    |     |    |
|        | <div><input type="checkbox"/> Compensation committee</div> <div><input checked="" type="checkbox"/> Independent compensation consultant</div> <div><input type="checkbox"/> Form 990 of other organizations</div> <div><input type="checkbox"/> Written employment contract</div> <div><input type="checkbox"/> Compensation survey or study</div> <div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div>                                                                                                                                                                                    |    |     |    |
| 4      | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |     |    |
| a      | Receive a severance payment or change-of-control payment?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4a |     | No |
| b      | Participate in, or receive payment from, a supplemental nonqualified retirement plan?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4b | Yes |    |
| c      | Participate in, or receive payment from, an equity-based compensation arrangement?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4c |     | No |
|        | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |     |    |
|        | Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |     |    |
| 5      | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    |     |    |
| a      | The organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5a |     |    |
| b      | Any related organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 5b |     |    |
|        | If "Yes," on line 5a or 5b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |     |    |
| 6      | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |     |    |
| a      | The organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6a |     |    |
| b      | Any related organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 6b |     |    |
|        | If "Yes," on line 6a or 6b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |     |    |
| 7      | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 7  |     |    |
| 8      | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                         | 8  |     |    |
| 9      | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 9  |     |    |

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, LINE 1A    | PURSUANT TO THE COOPERATIVE'S WELLNESS PROGRAM, EMPLOYEES ARE REIMBURSED FOR 50% OF THEIR OUT OF POCKET COSTS FOR PARTICIPATION IN QUALIFIED WELLNESS ACTIVITIES. THE TOTAL ANNUAL REIMBURSEMENT IS LIMITED TO \$360 PER EMPLOYEE AND \$360 FOR AN EMPLOYEE'S SPOUSE, PROVIDED THE SPOUSE IS COVERED UNDER THE COOPERATIVE'S HEALTH INSURANCE PROGRAM. EMPLOYEES ARE ELIGIBLE TO PARTICIPATE IN THE WELLNESS PROGRAM AFTER 60 DAYS OF EMPLOYEMENT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| PART I, LINE 4B    | THE FOLLOWING INDIVIDUAL PARTICIPATES IN A SECTION 457(F) NON-QUALIFIED DEFERRED COMPENSATION (NQDC) PLAN, AND THE AMOUNT LISTED REPRESENTS THE ACTUARIAL INCREASE OF UNVESTED BENEFITS ASSOCIATED WITH PARTICIPATION IN THE PLAN: CREDEN HUBER \$ 213,714                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| PART II, COLUMN C: | INCLUDED IN THIS AMOUNT IS THE INCREASE IN ACTUARIAL VALUE OF BENEFITS PAYABLE UNDER A DEFINED BENEFIT RETIREMENT PLAN. THE CONTRIBUTION RATE FOR PARTICIPANTS IN THE NRECA R&S DEFINED BENEFIT PENSION PLAN ARE THE SAME FOR ALL INDIVIDUALS IN THIS MULTI-EMPLOYER PLAN. THE CHANGE IN ACTUARIAL VALUE FOR EACH PARTICIPANT, HOWEVER, VARIES WITH AGE. IN OTHER WORDS, THE OLDER A PLAN PARTICIPANT IS, THE GREATER THE INCREASE IN THAT INDIVIDUAL'S CHANGE IN ACTUARIAL VALUE, ALL OTHER THINGS BEING EQUAL. BECAUSE THIS RELATES TO A MULTI-EMPLOYER PLAN, CASH CONTRIBUTIONS TO THE PLAN IN LIEU OF THE ACTUARIAL INCREASE ARE EXPENSED IN THE FINANCIAL STATEMENTS. CREDEN HUBER: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 142,358 ACTUARIAL INCREASE IN NQDC PLAN 213,714 EMPLOYER CONTRIBUTION TO 401(K) PLAN 8,400 TOTAL REPORTED IN COLUMN C \$ 364,472 LESS: ACTUARIAL INCREASE IN DEFINED BENEFIT & NQDC PLANS (365,072) ADD: CASH CONTRIBUTION TO DEFINED BENEFIT & NQDC PLANS 139,932 EXPENSE TO THE COOPERATIVE \$ 148,332 JACK BLAIR: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 61,813 EMPLOYER CONTRIBUTION TO 401(K) PLAN 5,805 TOTAL REPORTED IN COLUMN C \$ 67,618 LESS: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (61,813) ADD: CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 64,764 EXPENSE TO THE COOPERATIVE \$ 67,334 DANIEL WILSON: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 40,768 EMPLOYER CONTRIBUTION TO 401(K) PLAN 5,463 TOTAL REPORTED IN COLUMN C \$ 46,231 LESS: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (40,768) ADD: CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 60,944 EXPENSE TO THE COOPERATIVE \$ 66,407 JASON BOWLING: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 44,014 EMPLOYER CONTRIBUTION TO 401(K) PLAN 5,319 TOTAL REPORTED IN COLUMN C \$ 49,333 LESS: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (44,014) ADD: CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 59,347 EXPENSE TO THE COOPERATIVE \$ 64,666 ORSON GARNSEY: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 45,299 EMPLOYER CONTRIBUTION TO 401(K) PLAN 5,362 TOTAL REPORTED IN COLUMN C \$ 50,661 LESS: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (45,299) ADD: CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 59,825 EXPENSE TO THE COOPERATIVE \$ 65,187 RON LEE: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 34,054 EMPLOYER CONTRIBUTION TO 401(K) PLAN 5,268 TOTAL REPORTED IN COLUMN C \$ 39,322 LESS: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (34,054) ADD: CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 51,879 EXPENSE TO THE COOPERATIVE \$ 57,147 NATHAN HODGES: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 16,232 EMPLOYER CONTRIBUTION TO 401(K) PLAN 5,038 TOTAL REPORTED IN COLUMN C \$ 21,270 LESS: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (16,232) ADD: CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 34,120 EXPENSE TO THE COOPERATIVE \$ 39,158 RICHARD ELLIS: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 46,201 EMPLOYER CONTRIBUTION TO 401(K) PLAN 2,891 TOTAL REPORTED IN COLUMN C \$ 49,092 LESS: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (46,201) ADD: CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 32,101 EXPENSE TO THE COOPERATIVE \$ 34,992 TOREY BELL: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 52,430 EMPLOYER CONTRIBUTION TO 401(K) PLAN 3,889 TOTAL REPORTED IN COLUMN C \$ 56,319 LESS: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (52,430) ADD: CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 43,390 EXPENSE TO THE COOPERATIVE \$ 47,279 SAM FOSTER: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 42,265 EMPLOYER CONTRIBUTION TO 401(K) PLAN 3,169 TOTAL REPORTED IN COLUMN C \$ 45,434 LESS: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (42,265) ADD: CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 35,234 EXPENSE TO THE COOPERATIVE \$ 38,403 MANUEL GONZALES: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 46,008 EMPLOYER CONTRIBUTION TO 401(K) PLAN 4,229 TOTAL REPORTED IN COLUMN C \$ 50,237 LESS: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (46,008) ADD: CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 39,372 EXPENSE TO THE COOPERATIVE \$ 43,601 DAVID SCHMIDT: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$ 10,343 EMPLOYER CONTRIBUTION TO 401(K) PLAN 2,212 TOTAL REPORTED IN COLUMN C \$ 12,555 LESS: ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (10,343) ADD: CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 29,523 EXPENSE TO THE COOPERATIVE \$ 31,735 |

Additional Data

Software ID:

Software Version:

EIN: 86-0059728

Name: SULPHUR SPRINGS VALLEY ELECTRIC  
COOPERATIVE INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name and Title                          |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---------------------------------------------|------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                             |      | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| 1CREDEN HUBER<br>CEO                        | (i)  | 413,600                                            | 450                                 | 60,765                              | 364,472                                        | 25,496                  | 864,783                         | 0                                                                     |
|                                             | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 1JACK BLAIR<br>MSO                          | (i)  | 190,929                                            | 15,100                              | 29,588                              | 67,618                                         | 14,017                  | 317,252                         | 0                                                                     |
|                                             | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 2DANIEL WILSON<br>DOE                       | (i)  | 174,437                                            | 11,100                              | 14,167                              | 46,231                                         | 24,454                  | 270,389                         | 0                                                                     |
|                                             | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 3JASON BOWLING<br>CAO                       | (i)  | 169,666                                            | 23,827                              | 706                                 | 49,333                                         | 24,804                  | 268,336                         | 0                                                                     |
|                                             | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 4ORSON GARNSEY<br>CITO                      | (i)  | 178,262                                            | 11,100                              | 1,262                               | 50,661                                         | 7,050                   | 248,335                         | 0                                                                     |
|                                             | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 5RON LEE<br>CFO                             | (i)  | 168,948                                            | 13,140                              | 1,261                               | 39,322                                         | 18,479                  | 241,150                         | 0                                                                     |
|                                             | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 6NATHAN HODGES<br>COO                       | (i)  | 165,636                                            | 7,400                               | 12,914                              | 21,270                                         | 14,477                  | 221,697                         | 0                                                                     |
|                                             | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 7RICHARD ELLIS<br>JOURNEYMAN LINEMAN        | (i)  | 141,045                                            | 2,200                               | 7,152                               | 49,092                                         | 16,807                  | 216,296                         | 0                                                                     |
|                                             | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 8TOREY BELL<br>ENGINEER                     | (i)  | 125,999                                            | 7,000                               | 918                                 | 56,319                                         | 24,496                  | 214,732                         | 0                                                                     |
|                                             | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 9SAM FOSTER<br>FOREMAN                      | (i)  | 144,214                                            | 900                                 | 545                                 | 45,434                                         | 20,546                  | 211,639                         | 0                                                                     |
|                                             | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 10MANUEL GONZALES<br>TECH SVC/FLEET MANAGER | (i)  | 117,409                                            | 7,700                               | 8,637                               | 50,237                                         | 6,646                   | 190,629                         | 0                                                                     |
|                                             | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| 11DAVID SCHMIDT<br>JOURNEYMAN LINEMAN       | (i)  | 126,417                                            | 0                                   | 18,089                              | 12,555                                         | 3,932                   | 160,993                         | 0                                                                     |
|                                             | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury

Name of the organization

SULPHUR SPRINGS VALLEY ELECTRIC  
COOPERATIVE INC

Employer identification number

86-0059728

**990 Schedule O, Supplemental Information**

| Return<br>Reference              | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART I, LINE<br>19: | IN GENERAL, WHEN AN ELECTRIC COOPERATIVE BASES THE PATRONAGE DIVIDEND CALCULATION ON ITS NET BOOK INCOME/(LOSS), PAGE 1, PART I, LINE 19 - REVENUE LESS EXPENSES - WILL BE \$0. FOR THE CURRENT YEAR, PAGE 1, PART I, LINE 19 REPORTS NET INCOME OF \$674,570, WHICH IS THE INCOME STATEMENT EFFECT OF ACCRUED UNBILLED REVENUE PLUS THE RETENTION OF NON-OPERATING MARGINS. THE GAAP BASIS FINANCIAL STATEMENTS INCLUDE AN ACCRUAL FOR UNBILLED REVENUE BECAUSE THE COOPERATIVE'S BILLING CYCLE DOES NOT END ON THE LAST DAY OF THE MONTH. THEREFORE, IT HAS REVENUE IN DECEMBER OF EACH YEAR THAT IT HAS EARNED BUT WILL NOT BILL UNTIL THE FIRST BILLING CYCLE OF THE FOLLOWING YEAR. THE COOPERATIVE ESTIMATES THIS REVENUE AND RECORDS IT AS ACCRUED UNBILLED REVENUE IN ORDER TO MATCH THE REVENUE WITH THE YEAR EARNED. HOWEVER, THE COOPERATIVE ALLOCATES THE REVENUE TO MEMBERS IN THE YEAR IT IS BILLED RATHER THAN WHEN ACCRUED. THIS TIMING DIFFERENCE IS FAIR AND EQUITABLE BECAUSE IT MATCHES THE PATRONAGE DIVIDEND ALLOCATED WITH THE BILLING RECORDS USED TO ALLOCATE THE MARGINS. DUE TO THE TIMING OF WHEN THE COOPERATIVE ALLOCATES ACCRUED UNBILLED REVENUE, PAGE 1, PART I, LINE 19 ANNUALLY REPORTS NET INCOME/(LOSS) AS FOLLOWS: 1) NET INCREASE/(DECREASE) IN ACCRUED UNBILLED REVENUE PLUS 2) NON-OPERATING MARGINS. THE FOLLOWING SCHEDULE IS PROVIDED TO FURTHER EXPLAIN THE IMPACT OF THIS TRANSACTION: ADD: UNBILLED REVENUE 12/31/19 \$ 2,319,719 LESS: UNBILLED REVENUE 12/31/18 (2,244,516) NET INCREASE IN UNBILLED REVENUE \$ 75,203 ADD: NON-OPERATING MARGINS RETAINED 599,367 (A) - NET INCOME ON PAGE 1, PART I, LINE 1 \$ 674,570 (B) - BENEFITS PAID TO MEMBERS (I.E. PATRONAGE DIVIDENDS), PART I, LINE 14 \$13,807,457 TOTAL 2019 NET MARGIN (A + B) \$14,482,027 |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                           | Explanation                                                                                           |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 6 | THE COOPERATIVE WAS FORMED BY THE MEMBERS TO PROVIDE ELECTRIC SERVICE AT COST ON A COOPERATIVE BASIS. |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                            | Explanation                                                                                                       |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 7A | THE MEMBERS OF THE COOPERATIVE VOTE ON THE BOARD OF DIRECTORS. ELECTIONS ARE DONE ON A ONE MEMBER ONE VOTE BASIS. |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                            | Explanation                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 7B | THE FOLLOWING ACTS REQUIRE APPROVAL OF THE MEMBERS OF THE COOPERATIVE: 1. DISSOLUTION/LIQUIDATION OF THE COOPERATIVE 2. MERGER OR CONSOLIDATION OF THE COOPERATIVE WITH ANOTHER ORGANIZATION 3. DISPOSAL OF A SUBSTANTIAL PORTION OF THE COOPERATIVE'S ASSETS 4. AMENDMENT TO THE ARTICLES OF INCORPORATION 5. AMENDMENT TO THE BYLAWS |

# 990 Schedule O, Supplemental Information

| Return<br>Reference                            | Explanation                                                                                                                                                                         |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 8B | THE COOPERATIVE HAS NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. T<br>HEREFORE, AND PURSUANT TO FORM 990 INSTRUCTIONS, THE QUESTION HAS BEEN ANSWERED "NO". |

## 990 Schedule O, Supplemental Information

| Return Reference                                | Explanation                                                                                         |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 11B | MANAGEMENT PRESENTED A COPY OF THE FORM 990 TO THE BOARD FOR DISCUSSION AND REVIEW PRIOR TO FILING. |

## 990 Schedule O, Supplemental Information

| Return<br>Reference                             | Explanation                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 12C | THE DIRECTORS REVIEW THE CONFLICT OF INTEREST POLICY ANNUALLY, AND IMMEDIATELY ADDRESS ANY QUESTIONS OR CONCERNS IF THEY ARISE. THE BOARD OF DIRECTORS AND OFFICERS ARE ALSO REQUIRED TO DISCLOSE ANY ACTION OR SITUATION THAT MIGHT VIOLATE THE POLICY TO THE FULL BOARD OF DIRECTORS AS SOON AS POSSIBLE. |

## 990 Schedule O, Supplemental Information

| Return Reference                               | Explanation                                                                                                                                                                                                                                                                                        |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 15 | THE BOARD OF DIRECTORS USE THE EXPERTISE OF AN INDEPENDENT COMPENSATION CONSULTANT WHEN DETERMINING THE COMPENSATION OF THE CEO. THE BOARD AND THE CEO USE THE EXPERTISE OF AN INDEPENDENT COMPENSATION CONSULTANT WHEN DETERMINING THE COMPENSATION OF THE COOPERATIVE'S OTHER EMPLOYEE OFFICERS. |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                            | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 19 | ANNUALLY, THE COOPERATIVE MAILS ITS ANNUAL REPORT TO MEMBERS OF THE COOPERATIVE WHICH CONTAINS A SUMMARIZED COPY OF THE AUDITED FINANCIAL STATEMENTS. THE COOPERATIVE ALSO PROVIDES COPIES OF THEIR CURRENT AND PAST ANNUAL REPORTS AND GOVERNING DOCUMENTS ON THEIR WEBSITE. THE COOPERATIVE WILL PROVIDE A COMPLETE COPY OF THE AUDITED FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, OR GOVERNING DOCUMENTS TO ANY MEMBER WHO REQUESTS A COPY. |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                 | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VII,<br>COLUMN F: | <p>IN ORDER TO PROVIDE RETIREMENT BENEFITS TO ITS EMPLOYEES, THE COOPERATIVE HAS ESTABLISHED A DEFINED CONTRIBUTION PLAN UNDER SECTION 401(K) OF THE INTERNAL REVENUE CODE. EMPLOYER CONTRIBUTIONS TO THE PLAN ARE MADE PURSUANT TO THE PLAN DOCUMENT. ADDITIONALLY, THE COOPERATIVE PARTICIPATES IN A MULTI-EMPLOYER DEFINED BENEFIT PLAN. CONTRIBUTIONS TO THIS PLAN ARE BASED ON THE FULL FUNDING LIMITATION OF SUCH PLAN. EMPLOYER CONTRIBUTIONS FOR BOTH PLANS ARE AVAILABLE TO PARTICIPATING EMPLOYEES, INCLUDING OFFICERS AND HIGHLY COMPENSATED EMPLOYEES MEETING THE ELIGIBILITY REQUIREMENTS OF SUCH PLANS. THE COOPERATIVE ALSO PROVIDES HEALTH, DENTAL, VISION AND LIFE INSURANCE TO ALL ELIGIBLE EMPLOYEES THROUGH A QUALIFIED PLAN. THE AMOUNTS REPORTED ON PART VII, COLUMN (F) FOR THE OFFICERS AND HIGHLY COMPENSATED EMPLOYEES IS COMPRISED OF ACTUARIAL INCREASE IN THE DEFINED BENEFIT PLAN, THE TOTAL AMOUNT CONTRIBUTED TO THE 401(K) PENSION PLAN AND INSURANCE PAID ON BEHALF OF AND FOR THEIR BENEFIT. IN ADDITION TO THE ABOVE PENSION PLANS, THE COOPERATIVE ALSO PROVIDES POST-RETIREMENT HEALTH INSURANCE BENEFITS THROUGH AN UNFUNDED WELFARE BENEFIT PLAN. THE VALUE OF THESE BENEFITS HAS NOT BEEN ESTIMATED.</p> |

## 990 Schedule O, Supplemental Information

| Return<br>Reference                | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VIII,<br>LINE 2: | PATRONAGE DIVIDENDS RESULT FROM THE PURCHASE OF WHOLESale POWER FROM A GENERATION & TRANSMISSION COOPERATIVE. PATRONAGE DIVIDENDS ALSO RESULT FROM THE PAYMENT OF INTEREST FROM COOPERATIVE BANKS AND THE PURCHASE OF SUPPLIES AND SERVICES FROM OTHER COOPERATIVE ORGANIZATIONS. THE EXPENSES ASSOCIATED WITH PURCHASES FROM AND PAYMENTS TO SUCH COOPERATIVE ORGANIZATIONS ARE A DIRECT COMPONENT OF COST OF THE ELECTRIC SERVICE PROVIDED BY THE COOPERATIVE TO ITS MEMBERS. |

## 990 Schedule O, Supplemental Information

| Return Reference   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART IX: | THE ACCOUNTING RECORDS OF THE COOPERATIVE ARE MAINTAINED IN ACCORDANCE WITH THE UNIFORM SYSTEM OF ACCOUNTS (USOA) AS PRESCRIBED BY THE FEDERAL ENERGY REGULATORY COMMISSION FOR CLASS A AND B ELECTRIC UTILITIES. THE USOA DOES NOT RECORD EXPENSES IN THE GENERAL EXPENSE CATEGORIES PROVIDED ON PART IX LINES 1-23. THE COOPERATIVE SEPARATELY REPORTS SALARIES AND WAGES, EMPLOYEE BENEFITS AND PAYROLL TAXES THAT ARE ALLOCATED IN ACCORDANCE WITH THEIR ACCOUNTING SYSTEM, BUT OTHER EXPENSES THAT ARE DESCRIBED IN LINES 1-23 ARE REPORTED ON LINE 24 UNDER THE EXPENSE CATEGORIES REQUIRED BY THE USOA. |

**990 Schedule O, Supplemental Information**

| Return<br>Reference              | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART IX,<br>LINE 4: | <p>PURSUANT TO THE FORM 990 INSTRUCTIONS, THE AMOUNT OF PATRONAGE DIVIDENDS PAID TO THE MEMBERS (HEREINAFTER REFERRED TO AS "PATRONS") SHOULD BE REPORTED ON PART IX, LINE 4. THE PHRASE "PATRONAGE DIVIDENDS PAID" REFERS TO THE PROCESS, SUBSEQUENT TO YEAR-END, BY WHICH THE COOPERATIVE ALLOCATES PATRONAGE CAPITAL TO AND, THEREFORE, OPERATES AT COST WITH ITS PATRONS. THE COOPERATIVE'S TAX EXEMPT PURPOSE IS TO PROVIDE ELECTRICITY TO ITS PATRONS AND TO DO SO ON A COOPERATIVE BASIS. TAX LAW DEFINES "OPERATING ON A COOPERATIVE BASIS" AS SUBORDINATION OF CAPITAL, DEMOCRATIC CONTROL, AND OPERATION AT COST. THE COOPERATIVE OPERATES AT COST THROUGH THE ALLOCATION OF TRUE PATRONAGE DIVIDENDS (ALSO REFERRED TO AS ALLOCATIONS OF PATRONAGE CAPITAL) TO ITS PATRONS. PATRONAGE DIVIDENDS ARE CONSIDERED PAID IF THE ALLOCATION IS MADE (1) PURSUANT TO A PRE-EXISTING OBLIGATION, (2) FROM THE MARGINS PRODUCED FROM THE TRANSACTIONS DONE WITH OR FOR PATRONS, AND (3) IN A FAIR AND EQUITABLE MANNER ON THE BASIS OF PATRONAGE (I.E. PURCHASES). ADDITIONALLY, THE ALLOCATION OF PATRONAGE DIVIDENDS SHOULD BE MADE WITHIN A REASONABLE TIME PERIOD AFTER THE CLOSE OF THE COOPERATIVE'S CALENDAR TAX YEAR-END OF DECEMBER 31. EACH ONE OF THESE REQUIREMENTS FOR A TRUE PATRONAGE DIVIDEND IS PROVIDED FOR IN THE NON-PROFIT OPERATION ARTICLE OF THE COOPERATIVE'S BYLAWS. THE AMOUNT REPORTED ON PART IX, LINE 4 REPRESENTS THE AMOUNT OF PATRONAGE CAPITAL THAT IS EITHER ALLOCATED OR TO BE ALLOCATED TO THE PATRONS RESULTING FROM THEIR PURCHASE OF ELECTRICITY FROM THE COOPERATIVE FOR THE 2019 CALENDAR YEAR. BECAUSE PATRONAGE DIVIDENDS ARE THE PROCESS BY WHICH THE COOPERATIVE OPERATES AT COST WITH ITS PATRONS AND THEREBY A KEY COMPONENT TO ACCOMPLISHING ITS EXEMPT PURPOSE, THE COOPERATIVE HAS REPORTED SUCH AMOUNTS AS AN EXPENSE FOR FORM 990 REPORTING. PATRONAGE DIVIDENDS ARE NOT AN EXPENSE FOR FINANCIAL STATEMENTS PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, HOWEVER.</p> |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                 | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART IX,<br>LINES 5-7: | SALARIES AND WAGES ARE ALLOCATED TO ASSET, LIABILITY, AND EXPENSE ACCOUNTS BASED ON THE ACCOUNTING SYSTEM DESCRIBED ABOVE. THE FOLLOWING SCHEDULE RECONCILES AMOUNTS REPORTED ON LINES 5-7 TO THE TOTAL WAGES ACCRUED AND/OR PAID: TOTAL PER LINES 5-7 \$10,878,836 LESS: DIRECTOR FEES REPORTED ON FORMS 1099-MISC (285,955) LESS: EMPLOYEE OFFICER BENEFITS INCLUDED IN LINE 5 (767,684) PLUS: SALARIES AND WAGES ALLOCATED TO NONOPERATING MARGINS 13,915 PLUS: SALARIES AND WAGES CAPITALIZED DIRECTLY TO PLANT 3,990,450 PLUS: SALARIES AND WAGES CAPITALIZED/EXPENSED INDIRECTLY THROUGH CLEARING AND OTHER ACCOUNTS 1,481,077 TOTAL WAGES ACCRUED AND/OR PAID \$15,310,639 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART IX,<br>LINE 24: | ADMINISTRATIVE & GENERAL EXPENSE IS COMPRISED OF THE FOLLOWING: ADMINISTRATIVE & GENERAL \$ 4,870,046 OFFICE SUPPLIES 206,703 OUTSIDE SERVICES 643,427 INJURIES & DAMAGES 128,597 DIRECTORS 428,299 DUES TO ASSOCIATED ORGANIZATIONS 224,716 FORT HUACHUCA ADMINISTRATIVE & GENERAL 19,711 MISCELLANEOUS GENERAL 329,145 CAPITAL CREDITS 30,159 MAINTENANCE OF GENERAL PLANT 53,786 TOTAL ADMIN & GENERAL EXP PER FINANCIAL STATEMENTS \$ 6,934,589 LESS: RECLASS OF DIRECTOR FEES TO PART IX, LINE 5 (285,955) LESS: RECLASS OF LABOR TO PART IX, LINES 5 & 7 (2,979,107) LESS: RECLASS OF BENEFITS TO PART IX, LINES 8-10 (1,244,364) TOTAL ADMIN & GENERAL EXPENSE PER FORM 990, PART IX \$ 2,425,163 |

## 990 Schedule O, Supplemental Information

| Return<br>Reference                | Explanation                                                                                                                                                                                                                            |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART IX,<br>LINE 24E: | OTHER EXPENSES IS COMPRISED OF THE FOLLOWING: TRANSMISSION \$ 390,027 SALES 299,202 CONSUME<br>R ACCOUNTS AND SERVICE 1,738,845 OTHER DEDUCTIONS 145,986 INTERNET 145,195 TOTAL OTHER EXP<br>ENSES PER FORM 990, LINE 24E \$ 2,719,255 |

## 990 Schedule O, Supplemental Information

| Return Reference           | Explanation                                                                                                                                                                                                                                                                                         |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART XI, LINE 9: | PATRONAGE CAPITAL ALLOCATED OR TO BE ALLOCATED 13,807,457. PATRONAGE CAPITAL RETIRED - TOTAL -2,917,320. PATRONAGE CAPITAL RETIRED - DISCOUNT 114,221. NET CHANGE IN MEMBERSHIPS 1,780. OTHER COMPREHENSIVE INCOME - PROVISION FOR PENSIONS AND BENEFITS -79,875. OTHER CHANGES IN EQUITIES 22,969. |

**990 Schedule O, Supplemental Information**

| Return<br>Reference               | Explanation                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART XII,<br>LINE 2: | AUDITED FINANCIAL STATEMENTS WERE PREPARED BY AN INDEPENDENT ACCOUNTANT FOR THE COOPERATIVE'S FINANCIAL STATEMENT AUDIT YEAR-END OF JUNE 30TH. THE TAX RETURN HAS BEEN AND CONTINUES TO BE PREPARED BASED ON A CALENDAR TAX YEAR-END OF DECEMBER 31. THE BOARD AS A WHOLE IS RESPONSIBLE FOR OVERSEEING THE FINANCIAL STATEMENT AUDIT AND SELECTING THE INDEPENDENT FINANCIAL STATEMENT AUDITOR. |

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
SULPHUR SPRINGS VALLEY ELECTRIC COOPERATIVE INC

Employer identification number  
86-0059728

Part I

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
|                                                                     |                         |                                                  |                     |                           |                                  |
|                                                                     |                         |                                                  |                     |                           |                                  |
|                                                                     |                         |                                                  |                     |                           |                                  |
|                                                                     |                         |                                                  |                     |                           |                                  |
|                                                                     |                         |                                                  |                     |                           |                                  |

Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN of related organization                                                                   | (b)<br>Primary activity                                | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity                | (g)<br>Section 512(b)(13) controlled entity? |    |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|-------------------------------------------------|----------------------------------------------|----|
|                                                                                                                         |                                                        |                                                  |                            |                                                     |                                                 | Yes                                          | No |
| (1)SULPHUR SPRINGS VALLEY ELECTRIC COOPERATIVE FOUNDATION<br>350 N HASKELL<br><br>WILLCOX, AZ 85643<br>86-0488826       | FUND EDUCATIONAL YOUTH ACTIVIES AND QUALIFIED PROGRAMS | AZ                                               | 501(C)(3)                  | PF                                                  | SULPHUR SPRINGS VALLEY ELECTRIC COOPERATIVE INC | Yes                                          |    |
| (2)SULPHUR SPRINGS VALLEY ELECTRIC COOPERATIVE CHARITABLE TRUST<br>350 N HASKELL<br><br>WILLCOX, AZ 85643<br>86-0993649 | ASSISTANCE TO NATURAL DISASTER VICTIMS AND FAMILIES    | AZ                                               | 501(C)(3)                  | LINE 7                                              | SULPHUR SPRINGS VALLEY ELECTRIC COOPERATIVE INC | Yes                                          |    |
|                                                                                                                         |                                                        |                                                  |                            |                                                     |                                                 |                                              |    |
|                                                                                                                         |                                                        |                                                  |                            |                                                     |                                                 |                                              |    |
|                                                                                                                         |                                                        |                                                  |                            |                                                     |                                                 |                                              |    |
|                                                                                                                         |                                                        |                                                  |                            |                                                     |                                                 |                                              |    |
|                                                                                                                         |                                                        |                                                  |                            |                                                     |                                                 |                                              |    |
|                                                                                                                         |                                                        |                                                  |                            |                                                     |                                                 |                                              |    |

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary<br>activity | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|----------------------------------------------------------|----------------------------|-----------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|-----------------------------------------|----|----------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                          |                            |                                                                 |                                        |                                                                                                            |                                 |                                          | Yes                                     | No |                                                                            | Yes                                       | No |                                |
|                                                          |                            |                                                                 |                                        |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
|                                                          |                            |                                                                 |                                        |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
|                                                          |                            |                                                                 |                                        |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
|                                                          |                            |                                                                 |                                        |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
|                                                          |                            |                                                                 |                                        |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |
|                                                          |                            |                                                                 |                                        |                                                                                                            |                                 |                                          |                                         |    |                                                                            |                                           |    |                                |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)<br>(13) controlled<br>entity? |    |
|----------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|-----------------------------------------------------|----|
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                           |                                | Yes                                                 | No |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                     |    |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                     |    |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                     |    |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                     |    |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                     |    |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                           |                                |                                                     |    |

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|                                                                                                                                                | Yes       | No  |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . . | <b>1a</b> | No  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .                                                             | <b>1b</b> | No  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .                                                           | <b>1c</b> | No  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .                                                                  | <b>1d</b> | No  |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .                                                                         | <b>1e</b> | No  |
| <b>f</b> Dividends from related organization(s) . . . . .                                                                                      | <b>1f</b> | No  |
| <b>g</b> Sale of assets to related organization(s) . . . . .                                                                                   | <b>1g</b> | No  |
| <b>h</b> Purchase of assets from related organization(s) . . . . .                                                                             | <b>1h</b> | No  |
| <b>i</b> Exchange of assets with related organization(s) . . . . .                                                                             | <b>1i</b> | No  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .                                                  | <b>1j</b> | No  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .                                                | <b>1k</b> | No  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .                              | <b>1l</b> | No  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .                               | <b>1m</b> | No  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .                               | <b>1n</b> | Yes |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .                                                                      | <b>1o</b> | Yes |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .                                                                  | <b>1p</b> | Yes |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .                                                                  | <b>1q</b> | Yes |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .                                                               | <b>1r</b> | No  |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .                                                             | <b>1s</b> | No  |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of related organization                       | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----------------------------------------------------------|----------------------------------|------------------------|----------------------------------------------|
| (1)SULPHUR SPRINGS VALLEY ELECTRIC COOPERATIVE FOUNDATION | N                                |                        | N/A - LESS THAN \$50,000                     |
| (2)SULPHUR SPRINGS VALLEY ELECTRIC COOPERATIVE FOUNDATION | O                                |                        | N/A - LESS THAN \$50,000                     |
| (3)SULPHUR SPRINGS VALLEY ELECTRIC COOPERATIVE FOUNDATION | P                                | 118,882                | EXPENSE REIMBURSEMENT                        |
| (4)SULPHUR SPRINGS VALLEY ELECTRIC COOPERATIVE FOUNDATION | Q                                | 124,047                | EXPENSE REIMBURSEMENT                        |
| (5)SULPHUR SPRINGS VALLEY ELECTRIC CHARITABLE TRUST       | N                                |                        | N/A - LESS THAN \$50,000                     |
| (6)SULPHUR SPRINGS VALLEY ELECTRIC CHARITABLE TRUST       | O                                |                        | N/A - LESS THAN \$50,000                     |

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

**Part VII**

**Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |

Additional Data

Software ID:  
Software Version:  
EIN: 86-0059728  
Name: SULPHUR SPRINGS VALLEY ELECTRIC  
COOPERATIVE INC

Form 990, Schedule R, Part V - Transactions With Related Organizations

| (a)<br>Name of related organization                    | (b)<br>Transaction<br>type(a-s) | (c)<br>Amount Involved | (d)<br>Method of determining amount involved |
|--------------------------------------------------------|---------------------------------|------------------------|----------------------------------------------|
| SULPHUR SPRINGS VALLEY ELECTRIC COOPERATIVE FOUNDATION | N                               |                        | N/A - LESS THAN \$50,000                     |
| SULPHUR SPRINGS VALLEY ELECTRIC COOPERATIVE FOUNDATION | O                               |                        | N/A - LESS THAN \$50,000                     |
| SULPHUR SPRINGS VALLEY ELECTRIC COOPERATIVE FOUNDATION | P                               | 118,882                | EXPENSE REIMBURSEMENT                        |
| SULPHUR SPRINGS VALLEY ELECTRIC COOPERATIVE FOUNDATION | Q                               | 124,047                | EXPENSE REIMBURSEMENT                        |
| SULPHUR SPRINGS VALLEY ELECTRIC CHARITABLE TRUST       | N                               |                        | N/A - LESS THAN \$50,000                     |
| SULPHUR SPRINGS VALLEY ELECTRIC CHARITABLE TRUST       | O                               |                        | N/A - LESS THAN \$50,000                     |